

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL * Christian County High FACULTY MEMBER(S) SPONSORING TRIP Samantha Cruz, Marvin Harness

TYPE OF TRIP (CHECK ALL THAT APPLY):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Co curricular ☒ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Top Golf Nashville ADDRESS 5000 Conant St PHONE-DESTINATION 615 777 3007
Nashville Mall Nashville TN 37207
☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP 4/21/25 DEPARTURE TIME 10:30 RETURN TIME 4:30-5:00 PM
START END (SELECT AM OR PM FROM DROPDOWN) (SELECT AM OR PM FROM DROPDOWN)

PURPOSE/EDUCATIONAL VALUE FBIA End of year trip.

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

EE, EN, EBSOURCE OF FUNDING FOR TRIP CCHS FBIA

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☒ SCHOOL COUNCIL ☐ BOARD ☐ OTHER _____

NUMBER OF: STUDENTS upto 50 MALE STUDENTS 20 FEMALE STUDENTS 30

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.)☒ CERTIFICATED COMMON CARRIER; SPECIFY Bus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)Certified chaperones 2 Samantha Cruz Marvin Harness

Classified chaperones _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students?

☒ Yes ☐ NoHave all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ NoHow have they been notified? Verbal / Permission Form

X

S Cruz

Faculty/Sponsor Signature

X

Robert L. Barnes

Principal Signature

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Chris J. 3-21-2025

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

09.36 AP.21

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic, band, if applicable)

X Out of State X Out of County ☐ Within County X Overnight: give name, address, phone of
lodging: Dallas Omni 555 S Lamar St, Dallas, TX 75202

PURPOSE/EDUCATIONAL VALUE VEX ROBOTICS COMPETITION

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

AMOUNT OF STUDENT FEE: \$50

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

NUMBER OF: STUDENTS	9	MALE STUDENTS	8	FEMALE STUDENTS	1
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☐ **CERTIFICATED COMMON CARRIER; SPECIFY**☐ **PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)**

CLASSIFIED CHAPERONES

acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding

acceptable behavior? ☒ Yes ☐ No

How have they been notified? Letter home

Signature of Faculty Sponsor

3/19/25
Date

een notified? Letter home
Perry Knight
 Signature of Principal

3-19-25
Date

EMERGENCY REQUESTS DUE TO UNFORESEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

Chris Fung
Signature of Superintendent/Designee

3-25-2025
Date

Signature of Board Chair

Date _____

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:11/21/13

K. A. Stahl 3/24/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL GATEWAY ACADEMY FACULTY MEMBER(S) _____ SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Crown Plaza Expo Center ADDRESS 830 Phillips Ln, Louisville PHONE 1-877-227-6963

- ☐ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging
Staybridge Suites Louisville, 380 Farmington Ave, Louisville, KY

DATE(S) OF TRIP 03-23-25 - 03-27-25 DEPARTURE TIME 3:15 pm 03-23 RETURN TIME 5pm-03-27PURPOSE/EDUCATIONAL VALUE To compete at state level for welding

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

Blueprint reading, SMAW, GMAW, GTAWSOURCE OF FUNDING FOR TRIP LABELAMOUNT OF STUDENT FEE: NA

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 2 MALE STUDENTS 2 FEMALE STUDENTS 0MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____CERTIFIED CHAPERONES 1

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No
 acceptable behavior? ☐ Yes ☐ No
 Have all students been notified of the rules and regulations regarding
 How have they been notified? _____

Signature of Faculty Sponsor [Signature]Date 11 Mar 2025Signature of Principal [Signature]Date 3-17-25

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____Signature of Superintendent/Designee [Signature]Date 3-18-25Signature of Board Chair Tom Bell "Kme"Date 3-18-25

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

K. A. Steel
3/17/25emergency approved

STUDENTS

09.36 AP.21

School Related Student Trip Request Form

SCHOOL _____

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

TYPE OF TRIP _____

- ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Lexington Ky ADDRESS 730 W. Vine St PHONE _____

- ☐ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Clanton Hotel 1950 Newtown Pike Lexington 859-233-0512

DATE(S) OF TRIP April 16-17 DEPARTURE TIME _____ RETURN TIME _____PURPOSE/EDUCATIONAL VALUE KHSAA Archery State

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING FOR TRIP _____

AMOUNT OF STUDENT FEE: _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHERNUMBER OF: STUDENTS 1 MALE STUDENTS _____ FEMALE STUDENTS 1MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER: SPECIFY _____☒ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) Michael Hughes; Shawn Jones

CERTIFIED CHAPERONES _____

CLASSIFIED CHAPERONES Michael Hughes, Shawn Jones

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No Have all students been notified of the rules and regulations regarding acceptable behavior? ☐ Yes ☐ No How have they been notified?

Signature of Faculty Sponsor _____

Date 4/10/25

Signature of Principal _____

Date 4/9/25

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____

Signature of Board Chair Tom Bell "Mike"Date 4-8-2025Date 4-10-25

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

KHSAA 4/9/25Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

Emergency Approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP Deborah Cauthen

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☒ Co-curricular ☐ Extra-curricular
☐ Classroom Field Trip ☐ Organization Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION Austin Peay State ADDRESS 601 College St Clarksville PHONE 7N 931-221-7011

- ☒ Out of State ☐ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP April 17, 2025 DEPARTURE TIME 8:30am RETURN TIME 3:00pm

PURPOSE/EDUCATIONAL VALUE Explore academic program enhance college readiness

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

College readiness

SOURCE OF FUNDING FOR TRIP LAVEC

AMOUNT OF STUDENT FEE: None

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF STUDENTS 40 MALE STUDENTS 20 FEMALE STUDENTS 20

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES Deborah Cauthen

Matthew Hamby

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding
How have they been notified? Written

Deborah Cauthen
Signature of Faculty Sponsor

3-24-2025
Date

Andy Cauthen
Signature of Principal

3/24/25
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Tom Bell
Signature of Superintendent/Designee

Tom Bell "Kne"
Signature of Board Chair

3-24-2025
Date

3-24-25
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review Revised: 11/21/13

Emergency approved



E-MAILED

3/24/25

K. Edwards

School Related Student Trip Request Form

SCHOOL Hopkinsville High School Agriculture/William Thomas
 TYPE OF TRIP SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

☐ Over 300 miles ☐ Under 300 miles ☒ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☒ Organization/Club Trip ☐ Other (athletic band, if applicable)

DESTINATION Lexington Convention Center ADDRESS 430 Vine St PHONE 859-233-4567
☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging Marmot City Center 430 W. Vine Lexington KY 40507

DATE(S) OF TRIP Jun 9-12 DEPARTURE TIME 10 AM RETURN TIME 1 PM
 PURPOSE/EDUCATIONAL VALUE State Convention

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Leadership, all pathways

SOURCE OF FUNDING FOR TRIP Supplemental CTE

AMOUNT OF STUDENT FEE: n/a

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER

NUMBER OF: STUDENTS 12 MALE STUDENTS 160 FEMALE STUDENTS 160

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP.212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY van

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES William Thomas

CLASSIFIED CHAPERONES n/a

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
 Have all students been notified of the rules and regulations regarding acceptable behavior? ☒ Yes ☐ No

Julie Hallam
 Signature of Faculty Sponsor

3/20/25
 Date

Cindy Gifford
 Signature of Principal

3/20/25
 Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

Chris Jones 3-25-2025
 Signature of Superintendent/Designee Date

 Signature of Board Chair Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

Vehicle Request Form

School HHS Faculty Member(s) sponsoring trip William Thomas
Ky A. Still 3/24/25

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL HHS FACULTY MEMBER(S) SPONSORING TRIP William/Thomas

TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☒ Under 300 miles ☒ Cocurricular ☐ Extracurricular
☒ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION MSU Expo Center ADDRESS 2101 College Farm Rd PHONE 270-809-3125

- ☐ Out of State ☒ Out of County ☐ Within County ☐ Overnight: give name, address, phone of lodging

DATE(S) OF TRIP April 16, 2025 DEPARTURE TIME 7:45 am RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE Murray State Agriculture field days

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)
Career development events in all ag pathways

SOURCE OF FUNDING FOR TRIP Supplemental CTE

AMOUNT OF STUDENT FEE: n/a

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER

NUMBER OF STUDENTS 45 MALE STUDENTS TBD FEMALE STUDENTS TBD

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

CERTIFIED CHAPERONES William/Thomas

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding How have they been notified? yes, caps acceptable code

Juli William
Signature of Faculty Sponsor

3/24/25
Date

[Signature]
Signature of Principal

3/24/25
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval

[Signature]
Signature of Superintendent/Designee
Tom Bello
Signature of Board Chair

J-18-2011
Date
3-28-25
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review Revised: 11/21/13

Emergency approved

STUDENTS

09.36 AP.21

School-Related Student Trip Request Form

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

SCHOOL Hopkinsville High School FACULTY MEMBER(S) SPONSORING TRIP Malcolm Tipter
TYPE OF TRIP (CHECK ONE):

- ☐ Over 300 miles ☐ Under 300 miles ☐ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☒ Other (athletic, band, if applicable)

DESTINATION Destin, Florida ADDRESS _____ PHONE _____

- ☒ Out of State ☐ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP March 29th - April 5 DEPARTURE TIME 3/29/25 RETURN TIME 4/5/25

PURPOSE/EDUCATIONAL VALUE Baseball Tournament

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.) _____

SOURCE OF FUNDING FOR TRIP Hopkinsville Baseball Boosters club

AMOUNT OF STUDENT FEE: 0

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER

NUMBER OF: STUDENTS 20 MALE STUDENTS 20 FEMALE STUDENTS _____

MODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.) ☐ CERTIFICATED COMMON CARRIER; SPECIFY Vans

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

CERTIFIED CHAPERONES Malcolm Tipter, Blake Leach, Brian Fort
London Cook

CLASSIFIED CHAPERONES _____

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
acceptable behavior? ☒ Yes ☐ No

Have all students been notified of the rules and regulations regarding
How have they been notified? meeting w/ players + parents

Malcolm Tipter
Signature of Faculty Sponsor

1/30/25
Date

[Signature]
Signature of Principal

2/11/2025
Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been ☒ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

3-28-25
Date

TIM BELL "Knee"
Signature of Board Chair

3-28-25
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

by Ashel 3/27/25

Review/Revised: 11/21/13

Emergency Approval

School Related Student Trip Request FormSCHOOL
TYPE OF TRIPHopkinsville High School

SUBMIT THIS FORM FOUR (4) WEEKS PRIOR TO TAKING THE TRIP.

- ☐ Over 300 miles ☐ Under 300 miles ☒ Cocurricular ☐ Extracurricular
☐ Classroom Field Trip ☐ Organization/Club Trip ☐ Other (athletic, band, if applicable)

DESTINATION

KY FFA Leadership Training

ADDRESS

111 FFA Camp Rd

PHONE

Hardinsburg KY 270-756-2561

- ☐ Out of State ☒ Out of County ☐ Within County ☒ Overnight: give name, address, phone of lodging

Same (Camp cabins)

DATE(S) OF TRIP

July 14-18

DEPARTURE TIME

8 AM

RETURN TIME

2 PM

PURPOSE/EDUCATIONAL VALUE

Leadership Training Center

WHAT STANDARD IS BEING ADDRESSED BY TAKING THIS TRIP? (DOES NOT APPLY TO ATHLETIC TRIPS.)

all leadership depends on student classes for all other pathways

SOURCE OF FUNDING FOR TRIP

Supplemental CTE

AMOUNT OF STUDENT FEE:

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☒ OTHER

NUMBER OF: STUDENTS

15

MALE STUDENTS

TBD

FEMALE STUDENTS

TBDMODE OF TRANSPORTATION: IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES (SEE PROCEDURE 09.36 AP. 212.)☐ CERTIFICATED COMMON CARRIER; SPECIFYBus☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S)

CERTIFIED CHAPERONES

Julie Gilliam / Leah Thomas

CLASSIFIED CHAPERONES

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No
 acceptable behavior? ☒ Yes ☐ No
 Have all students been notified of the rules and regulations regarding
 How have they been notified? permission form

Signature of Faculty Sponsor

Date

Signature of Principal

Date

EMERGENCY REQUESTS DUE TO UNFORSEEN CIRCUMSTANCES THAT MAKE PRIOR BOARD APPROVAL IMPOSSIBLE SHOULD ALSO HAVE THE SIGNATURE OF THE BOARD CHAIRPERSON

Trip has been <input checked="" type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____	
<u>Chmizny</u>	<u>3-18-25</u>
Signature of Superintendent/Designee	Date
Signature of Board Chair	Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

Related Procedures:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised: 11/21/13

Bus P.O. will come July 1st.

K.A. Stull
3/19/25